Influence of peer mentorship on nursing education and student attrition

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INFLUENCE OF PEER MENTORSHIP ON NURSING EDUCATION AND STUDENT ATTRITION

by

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A thesis submitted in partial fulfillment of the requirements
for Honors in the Major Program in Nursing
in the College of Nursing
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Abstract

Peer mentoring is the exchange of skills or knowledge from a more experienced individual to a novice in the same field. Due to the constraints placed on nursing education, many students struggle to complete the nursing curriculum. This leads to high attrition rates within colleges of nursing. Without maximizing graduate rates, the current nursing shortage is exacerbated. This integrated literature review examines the impact of more experienced nursing students mentoring their junior peers. With implementation of peer mentoring attrition rates were reduced. Additionally, the research showed that mentees experienced an enhanced feeling of support and were able to learn more efficiently. Mentors benefited from the arrangement with enhanced leadership and teaching abilities. Instructors of nursing programs also benefited from the arrangement by having decreased demand for review sessions, which could be taken over by the mentors, and could focus on enhancing their lessons or other educational obligations.

Dedications

To my loving parents, who have always reminded me that "the sky's the limit".

To my devoted grandmother, who has always been my biggest fan

And to all those who have influenced my educational journey throughout the years.

I am gratefully indebted to all of you.

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Introduction

The healthcare environment is changing. Patients are living longer, becoming more acutely ill and are in larger numbers due to the aging baby boomer population (Spann, 2010). Spann (2010) also predicted that by the year 2025, there will be a need for approximately 260,000 practice-ready nurses. In addition to the growing demand for nurses, over 40% of current practicing nurses are approaching the age of 50, nearing retirement (Race & Skees, 2010). As more nurses retire and demand rises, there are unfilled positions ready to be filled by new graduate nurses. However, this parity is not as simple as it sounds. Nursing schools have had increased difficulty keeping up with the demand for the new nurses due to such constraints as limited faculty, scarce clinical sites and attrition rates (Race & Skees, 2010). In the state of California, attrition rates have been calculated to reveal that there is a 9% attrition rate in Bachelor's of Science in Nursing (BSN) degree programs, and a 14.7% attrition rate in California schools of nursing in general (Waneka & Spetz, 2010). Findings reported from the Greater Metropolitan Chicago area claim that the attrition rate from 17 of their BSN programs averaged 26% and 20% for Associate degree (ADN) programs in 2004 (Illinois Coalition for Nursing Resources, n.d.). These forfeited seats result in fewer graduating nurses to help fill the growing void of practicing nursing staff.

In addition to attrition rates of those who were granted entry into nursing programs, there are staggering numbers of applicants who meet the admission requirements who must be denied entry due to many schools' insufficient resources to accommodate a larger student body. Factors such as lack of sufficient nursing school faculty members and limited sites for clinical practice have led to over 40,000 qualified applicant rejections nationwide (Spann, 2010).

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Problem

Why are these numbers so detrimental in regards to filling the abundant need for nurses? Due to the progression of courses within nursing schools where knowledge in an initial course is required for subsequent classes, once an applicant discontinues the program the vacated seat cannot simply be filled by a formerly rejected applicant. The seat remains unoccupied. As a result, one less graduate nurse integrates into the workforce (Illinois Coalition for Nursing Resources, n.d.).

Despite the statistics, there is hope to combat the shortages at the educational level and, consequently, at the professional level. The perspective of nursing is changing; no longer is the nurse's role to simply act upon the patient. Instead, the nurse and patient work together in order to achieve the designated goals or tasks. In their 2007 book Teaching nursing: Developing a student-centered learning environment, Young and Patterson assert that nursing education should emulate this collaborative pattern of instruction. Instead of the "sage on stage" (p. 124) approach, the instructor should develop a more dynamic and interactive position in education in order to foster the development of independent, critical thinkers: our future nurses.

However, in the current state of traditional nursing curriculum, this student-centered approach may incur much criticism and poses many challenges. Such obstacles include web-based instruction, resistance to change, and the increasing faculty workload in the face of nursing instructor shortages (Guillen 2010; Young & Patterson 2009). Despite such adversity, it may be beneficial to use a student-centered resource that is already available to undergraduates: their peers. It is imperative for nursing schools to cultivate a large enough graduate population in order to fill the vacant positions produced by current healthcare circumstances and the aging American population (Guillen 2010). The mixing of senior students with their less experienced

peers can create a durable support system to aid in accomplishing the momentous task of preparing nursing students for practice readiness (Ousey, 2009).

With supplementation by traditional instruction, which the students would be concurrently receiving, peer mentoring enhances learning by providing one-on-one guidance from an advanced student who has experienced the same classes and workload. After conducting a mentorship model study, Gardener and Schmidt (2007) found that junior nursing students who were mentored by their seniors reported increased feelings of support, increased productivity and an increased motivation to remain in school until completion.

Purpose

The purpose of this thesis was to examine the impact and potential role of a mentorship program in nursing education. This literature review sought information about how the presence of a mentoring program in undergraduate schools of nursing affected both the quality of the education received as well as attrition rates of the students enrolled in the program.

Method

This method of synthesis was a literature search of material determined by the following criteria.

Inclusion Criteria.

The articles for selection focused on mentoring throughout various roles and institutions. However, peer mentoring was specifically targeted. Precepting often leads to role model and mentoring situations for the precepted student. The mentor's role is to encourage and guide the mentee rather than strictly to evaluate (Dracup & Bryan-Brown, 2004). Therefore, this type of education was included. The review focused on undergraduate nursing programs. Resources

were drawn from other levels of nursing education. Authors were selected with a focus on nurses and also included other educators in parallel fields to showcase strategies and resulting mentoring efforts in other fields of study. Research conducted outside the United States was included in the review with the requirement of being available in the English language. Review subjects were nursing students of all levels of education. Both males and females were included in the review. There were no age limits or race limits. Articles or case studies included in the synthesis came from scholarly journals, research studies or governmental publications. Furthermore, these articles were primarily from peer-reviewed sources. Unpublished works from the doctoral level were permitted for inclusion in the synthesis.

Exclusion Criteria.

Mentoring is different from traditional instruction. Therefore, articles describing formal classroom lecture education and lab activities were excluded. Articles older than ten years were excluded because of the generational gap produced from rapid advances in technology, which have shaped both the approach to education and the educational sciences that have modified channels of communication.

Databases Explored.

A literature search was conducted through review of hard copies and electronic research through the University of Central Florida's library resources. Databases explored included, but were not limited to, MEDLINE, ERIC, Academic Search Premier, CINAHL Plus with full text, Health and Psychosocial Instruments, Health Source: Nursing/Academic Edition, Military & Government Collection, Philosopher's Index, Professional Development Collection, psychARTICLES, psychBOOKS, and psychINFO. Search terms included truncated entries such as "mentor*", "nurs*", "student nurs*", "educat*", "attrition", "attrition rate*" and "peer*".

Background

What is Mentoring?

Mentoring is a relationship where skills or knowledge are exchanged from someone with more experience to one with less experience (Dennison, 2010). More often, mentoring is described as a state in which this exchange of knowledge comes from the mentor who is portrayed as a guide or a role model (Stewart, Pope & Hansen, 2010). Bray and Nettleton (2007) surveyed students of three different professions (nursing, midwifery and medicine) and found that, when asked what the most important role of the mentor was, students of nursing ranked the roles of teacher and supporter as most important. When the same question was posed to the mentors of the nursing students, their response was similar: teacher and supporter were the top two responses. However, the mentors also ranked the role of a model as a close third (Bray & Nettleton, 2007).

Despite these results, the role of the mentor escapes a precise definition. In the same study, Bray and Nettleton (2007) asked mentors of nursing, midwifery and medicine to describe how clearly they understood the expectations placed upon them in their mentoring role. Forty percent of respondents from nursing stated that they clearly understood the expectations of the mentor. Forty-six percent stated that they were either "unsure", "unclear" or "very unclear" regarding the expectations required of them (Bray & Nettleton, 2007).

This ambiguity surrounding the role of the mentor leaves much of this role up to interpretation for both the mentor and the mentee. Ousey (2009) describes the ideal mentor as one who is familiar with the material to be taught, is thrilled at the idea of assisting another's

learning and who will "support, listen to, reflect with, teach, encourage and respect the student during their clinical experience" (p. 182).

Levels of Competency

Novices.

Characteristically, novice nurses lack the experience needed in order to apply their theoretical foundation received in their education in their new role as a clinician, and therefore often seek the help of more experienced peers (Sims-Giddens, Helton & Hope, 2010). Novice nurses tend to look at patient care as a string of duties to be done instead of a collaborative care effort. Data collected are seen as unrelated facts that may correlate to the body system under examination, but not to the disease process as a unit; they characteristically have trouble seeing the whole picture (Draycup & Bryan-Brown, 2004).

Experts.

The expert is characterized as one able to complete the necessary tasks that plague the novice, while simultaneously relating them to the patient's overall health condition and anticipating the patient's needs in advance (Draycup & Bryan-Brown, 2004). The expert nurse is able to recall past experiences that he or she may have had and use this information to avoid past mishaps, or recreate successful interventions (Sims-Giddens, Helton & Hope, 2010).

Why peers?

With the superior expertise of instructors, one could ask why the instructors are not taking over more of the mentoring role. There are many barriers to this. Nursing instructors are already strained due to heavy course loads and the plethora of information that needs to be delivered to students in a short amount of time. In addition to the actual content of what they

teach, there is a severe nursing instructor shortage, making the ratio of available instructors to students too great to have an effective mentoring relationship (Guillen, 2010). Robinson and Niemer (2010) assert that nursing instructors often forget the struggles of juggling multiple responsibilities (work, family, etc) while attending nursing school, which has its own set of responsibilities. By using a student-to-student approach to mentoring, there may be an increased understanding between the two parties and, therefore, a more relevant learning experience and feelings of greater support (Robinson & Niemer, 2010).

Peer mentors create a more collaborative learning system as they are more understanding and have the ability to relate to their mentees. A student peer mentoring project described by Sims-Giddens, Helton & Hope (2010) claims that the participating nursing students were able to cooperate and accomplish much with their mentors; they were able to benefit from each other's strengths and reconcile each other's weaknesses as a group.

Benefits of Peer Mentoring

For the mentee.

Through peer mentoring programs, the mentee learns a variety of new skills and gains a newfound confidence in their capacity to learn new material. In addition to increasing self-confidence and performance, mentoring has been shown to improve professional development. Student nurses who had peer mentors reported that they asked more questions than they normally would have to an instructor because they felt less intimidated and more comfortable around the peer mentors (Dennison, 2010; Hunt & Ellison, 2010).

Having senior students as mentors and role models, the junior students will be able to see people who have been in their situation and succeeded, therefore offering encouragement to

continue the program. The mentee now has the opportunity to explore the past experiences of the

mentor and learn how he or she handled equivalent situations (Dennison, 2010).

Ousey (2009) asserts that during the mentoring and socialization processes of student

nurses, the mentee will have feelings of being an integral part of the team, thereby increasing

feelings of satisfaction upon working within the unit. Putting the student nurse in an environment

where they feel comfortable asking questions and have an increased sense of worth sets up the

ideal situation in which to have a positive hands-on experience in applying concepts learned in

class (Sims-Giddens, Helton & Hope, 2010). The accumulation of substantial learning

experiences facilitated by peer mentors in both the classroom and clinical setting help graduate

nurses adapt to practice more seamlessly and confidently (Stewart, Pope & Hansen, 2010).

For the mentor.

While many of the benefits of a mentoring relationship are targeted at the mentee, by

offering skills and support, the mentor accordingly gains experience as a leader, a teacher and

enhances communication skills (Dennison 2010; Hunt & Ellison, 2010; Sims-Giddens, Helton &

Hope, 2010). In a 2010 study of seniors acting as peer mentors to their juniors, Hunt and Ellison

found 75% of the seniors reported that they strongly agree being a peer mentor boosted their

confidence and even more seniors (83%) reported an increase in perceived leadership ability.

By teaching others, peer mentors are able to improve their own knowledge and stay

proficient in basic skills that they learned as juniors. Peer mentors gain intrinsic rewards as well

by feeling they are contributing to others' educations and helping them succeed in such a

challenging field of study (Dennison, 2010). Dennison also reports that peer mentors gain the

benefit of winning the respect of their instructors and peers as well as increasing opportunities for networking and expanding their own career opportunities.

Preceptors that were paired with a nursing student reported increased job satisfaction by helping the next generation of nurses. They also reported that they were more culturally sensitive following the experience (Stewart, Pope & Hansen, 2010).

For the educator.

Implementation of peer mentoring programs are a resourceful way to increase student productivity and skill acquisition while lightening the workload on an already strained nursing faculty population (Dennison, 2010). In the light of nursing faculty shortage, decreasing the workload on those instructors who are currently teaching is becoming more appealing for many programs (Stewart, Pope & Hansen, 2010). A study conducted by Hunt and Ellison (2010) yielded results that indicated senior-led peer mentoring review groups in the laboratory setting produced evaluation results were equivalent to evaluation results from instructor-led review groups. Such findings may signify an opportunity to allow peer mentors to adopt some educational tasks in which direct instructor supervision is not needed, allowing the professors more time with other educational matters. This would make it possible for decreased instructor commitment without cutting direct supervision of skills for the junior nursing students.

Findings

Retention

The demanding and uncompromising nature of nursing programs leads many students to discontinue their nursing education. Many new students often underestimate the workload that will be placed upon them and juggle multiple roles during their education including family, work and personal health. The combined stress of these multiple roles often leads to attrition (Robinson & Niemer, 2010). The presence of peer mentoring programs increases retention rates and chances of academic success for the mentee (Hunt & Ellison, 2010).

A study conducted by Robinson and Niemer (2010) demonstrated a peer mentoring tutor program (PMTP) and its positive effects on retention of students at risk for discontinuation. In mentoring groups of 1:5, senior nursing students who had earned A's or B's in the core classes to be included in the mentoring program were assigned to lead collaborative groups and facilitate increased understanding amongst the mentees. The peer mentoring group was compared to a control group, which consisted of students who were at risk for discontinuation but elected not to participate in the PMTP, and to the remaining nonparticipant students which accounted for the rest of the class (non-at risk students).

In all but one course (pharmacology), the PMTP class performed better the control group. The authors note that this class was being completed concurrently with anatomy and physiology at the very beginning of the nursing program, when the students have very little nursing background. The authors also note that students have consistently had trouble with pharmacology in preceding semesters. Students in the PMTP far exceeded the control group on all other subjects, with the exception of Psychology, in which the PMTP students still earned

higher marks than the control group, but just slightly. The authors offer that this is likely due to the abstract nature of psychological theory and practice. The PMTP was most successful in the basic medical-surgical course, even surpassing the non-at risk student's scores (Robinson & Neimer, 2010).

Before the implementation of the PMTP, Robinson and Neimer (2010) report that the program attrition rate for the courses in the first two semesters of the program being studied was 7-17.3%. The authors point out that even though this rate may seem mild, this does not include students who were barely passing with a grade of C, who were therefore at risk for failure later in the program. The attrition rates were showcased from one of the program's more challenging courses (psychiatric nursing): attrition fell from 6% to 4% after the PMTP. Furthermore, it was calculated that the participants in the peer mentoring tutor program accounted for less than 1% of all discontinuing students (Robinson & Neimer, 2010).

Stewart, Pope & Hansen (2010) studied the effects of precepting in an accelerated online bachelor's to BSN program called ACCEL. The preceptors were chosen by the faculty on the basis of certain characteristics such as having a desire to mentor, holding a bachelor's degree in nursing, displaying strong interpersonal skills and having at least two years work experience.

The anecdotal responses to the precepting program in ACCEL were "overwhelmingly positive" (p. 40). The documented outcomes were just as telling: the predicted NCLEX pass rate for this program was 98%, the graduation rate was also high (98.33%) while the attrition rate (1.67%) was minimal (Stewart, Pope & Hansen, 2010).

Support

One of the main differences between peer mentoring and receiving instruction from faculty is the ability for the peer mentor to provide assistance with concepts and skill in a low pressure setting, as the mentor's feedback is non-evaluative. This exchange of information without fear of punishment (e.g. bad grades) leads to less stress and increased confidence for the mentee (Hunt & Ellison, 2010).

Data from a study conducted by Ousey (2009) suggests that students who participated in mentor-led activities felt that they were more comfortable, had a positive learning experience and accomplished more than those who did not have this experience. Students in a peer-to-peer community experience gained feelings of "support and encouragement" (p. 27) from working collaboratively on their project (Sims-Giddens, Helton & Hope, 2010).

The feeling of support gained from mentoring is cherished by learners; in the ACCEL program studied by Stewart, Pope and Hansen (2010), the program participants who were surveyed ranked the most valuable component of the program their precepted instruction.

Leadership

Through enhanced communication and the opportunity to pass on knowledge and skills, mentors were able to have an increased comprehension of the "professional values, means and methods for achieving healthcare goals" (p. 196), which will serve to increase their ability to relate to others in leadership positions later in their career. Participants in peer mentoring programs report heightened senses of leadership ability after participating in peer mentoring programs (Hunt & Ellison, 2010).

Teaching Skills

One of the core attributes of the mentor, as identified by both mentors and mentees in Bray and Nettleton's 2007 study, is that of a teacher. After participating in mentoring, many mentors report increased feelings of their capacity to teach others (Dennison, 2010; Hunt & Ellison, 2010). Findings from Robinson and Niemer's 2010 peer mentoring tutor program found that senior mentor participants discovered a new passion for teaching that they had not previously known prior to the program; they reported considering a career as a nurse educator.

Effects on Education

The role of the mentor in education is to foster an effective learning environment by providing positive feedback and non-evaluative appraisal while making classroom theories integrate with real-life practice. It is important for the mentor to relate to his or her pupil that the concepts are not independent of the skills; they are working together to satisfy requirements for safe practice. Mentors also shape education by helping mentees focus on long-term goals such as occupational development and where they would like to take their practice in the future (Ousey, 2009).

Hunt and Ellison (2010) conducted a study that showcased educational outcomes for a peer mentoring program that was requested after students and faculty felt that there was an increased need for additional practice after teaching sessions. In response to the faculty shortage, peers were used as mentors.

Laboratory skills were used as the skill to be assessed in this study. Firstly, all four groups were taught by an instructor-led session. Additional randomized practice sessions followed: the experimental group consisted of 3 separate groups of mentor-led practice labs, and

one practice lab group was led by an instructor. All students took quizzes before the initial instructor-led lab, after the initial instructor-led lab and after the randomized practice labs (Hunt & Ellison, 2010).

The findings show that there was no significant difference between the mentor-led and instructor-led groups in terms of academic performance; both groups improved their pre-test quiz grades after the subsequent assisted lab exercises. The difference in the instructional methods lies in the survey Hunt and Ellison (2010) provided to the participants of the mentor-led groups after the study was concluded. The majority of the junior participants believed that the mentor-led labs increased their confidence, helped them meet objectives and decreased anxiety. The majority (88.5%) agreed that the mentor-led activities should be repeated in future labs (Hunt & Ellison, 2010).

Results collected after Robinson & Neimer's 2010 peer mentoring tutor program show that peer mentoring programs can assist at-risk students in nursing programs to exceed the performance of their non at-risk peers as well as their nonparticipating at-risk peers. In the same study, the instructors of the program reported that "ambient understanding seemed to improve as evidence in class participation" (p. 288) after the implementation of the PMTP.

Effects of peer mentoring stretch beyond enhancing classroom education. The ACCEL program, which implements a preceptorship model, studied by Stewart, Pope & Hansen (2010) boasts of mean scores above the national average on the RN Comprehensive Predictor as well as a predicted 98% NCLEX pass rate on the first attempt.

Discussion

The purpose of this integrated review of research was to examine the effects of peer mentoring on nursing education and student attrition in nursing programs. Many aspects were explored including the effect of mentoring on the mentee, the mentor and the educator. The effect of mentoring on retention, feelings of support in nursing programs, acquisition of leadership and teaching skills and education were also examined. The findings in this research were consistent with works before it in concluding that peer-to-peer mentoring has a positive effect on nursing education and decreases attrition rates. Robinson (2010) and Wilkes (2006) reported similar findings in their literature reviews.

Retention

In the academic setting, instructors scrutinize performance and give an evaluation of the skills performed. Peers are different. In the peer mentoring setting, the peer is available for the sole purpose of nurturing the junior student's development into a competent clinician. The relationship is non-evaluative; the peer does not assign grades for skills performed. Rather, the peer is there to right incorrect behavior or thought processes, help redirect inefficient behavior and add to the knowledge base of the mentee for his or her own academic and professional growth.

Peer mentors are able to provide detail-specific information about classroom dynamics, what to expect from each clinical rotation, and other information that junior students have anxiety about. With this knowledge, the junior student can enter various situations with a little more confidence knowing what to expect, rather than simply going into the unknown. Such seemingly inconsequential affective benefits add up to less anxiety over the long run, thereby decreasing the initial overwhelming feeling of starting such an intense program of study.

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It is in this non-evaluative and informative relationship that the junior nursing student can come into his or her own routine and study habits with less of a trial-and-error approach they would encounter working independently. This relationship decreases stress and the incidence of attrition.

Support

Many people juggle multiple roles in their lives: caregiver, provider, student, parent, employee, etc. Nursing students are no exception. The literature discusses that faculty are caught up in teaching the large amount of material required to pass NCLEX in such a short amount of time, that they forget what it is like to be a student struggling to learn the theory and skills needed to be practice-ready (Robinson & Niemer, 2010). One of the key aspects of peer mentoring that makes it so effective is that peer mentors are in a similar place as their mentees at the time of instruction, with the addition of helpful tips learned through experience to share. This means that they can empathize with the situation and also provide feedback that may lead to a solution. Nursing, at its essence, is a caring profession. While most of the time this caring is directed towards patients, mentors can share this compassion with junior nursing students to help them in their journey of transitioning from novice to competent clinician (Wroten & Waite, 2009).

Nursing can be an intensely emotional profession. As nurses provide most of the hands-on care to patients, a rapport or therapeutic relationship often naturally develops. This can lead to intense feelings if the patient decompensates or dies, even if it was an expected occurrence. Venting emotion is healthy, especially to those who can empathize (rather than merely sympathize) to the experience. Peer-to-peer support can provide that therapeutic, understanding

outlet to junior nursing students as they begin to experience the feelings of grief, joy and pain that come from the daily interactions with patients.

Experienced peers can relate to and understand the stressors for the junior nursing student. They also have been through many of the emotional situations that junior nursing students will encounter, and can therefore lend an empathetic shoulder. For all of these reasons, peer mentors can be an excellent support resource for their mentees, thereby decreasing student attrition.

Leadership

Learning early on how to effectively communicate and motivate will help peer mentors acclimate more readily into leadership positions in their careers. Through peer mentoring, the mentors can understand that leadership is less about telling others what to do, and more about collaboration to reach a common goal. Leadership skills gained from peer mentoring experiences can also help mentors motivate, inform and empower their patients using their refined communication skills.

Teaching Skills

Participants in peer mentoring programs reported increased abilities in their capacity to teach others (Dennison, 2010; Hunt & Ellison, 2010). Throughout the teaching sessions, mentors can adjust to what works and does not work for the individual student they are mentoring, increasing understanding by having an individualized approach to learning. In Robinson and Neimer's 2010 peer mentor tutoring program, students reported an increase in their desire to teach others through a career in nursing education. This desire to teach poses a potential solution to the current state of faculty shortage. There is a need for programs that encourage nursing

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students to consider the field of nursing education since current instructors face such barriers as heavy responsibilities with lower pay than in other fields of nursing (Guillen, 2010).

Education

As the aforementioned studies have shown, the supplementation of traditional instruction with a peer-led mentoring program enhances education for the mentees. The majority of the time, the mentees scored higher than control groups of students without mentors. This is significant as it reduces the time instructors must spend in review sessions with students. Mentors cannot replace traditional instruction as they lack the depth and breadth of the instructor's knowledge, however, research seems to indicate that mentor-led practice sessions have equivalent results to instructor-led practice sessions. Mentors can reduce the amount of time instructors use for review sessions, which can be spent on other educational objectives (Hunt & Ellison, 2010).

Summary

The literature review suggests mentoring is an effective way of enhancing nursing education and decreasing attrition. The literature review has shown that mentoring influences retention, feelings of support, leadership, teaching skills and the effectiveness of the nursing educational experience. Mentoring has positive effects on the mentee, the mentor and the instructor.

Limitations

Limitations of this literature review include limited sample size and the use of anecdotal situations. Many of the studies analyzed focused on classes of nursing students. This provides a small sample size that may not be representative of the entire population of nursing students. Additionally, as many of the studies were focused on one particular program, the findings may not relate to other programs in different geographical areas or in different settings.

Implications for Nursing

Practice

Peer mentoring should not, and often is not, limited to the classroom. Nurses should take the initiative to mentor their juniors, especially graduate nurses. By fostering a collaborative environment and passing down wisdom from one generation of nurses to the next, one would not only be helping another nurse assimilate to his or her new role more confidently and effectively, it would be an embodiment of the virtues of the nursing profession.

Education

Peer mentoring has the potential to improve education in many ways. With implementation of peer mentoring programs, mentees get the benefits of having a strong support system, a wealth of knowledge that they can access without feeling intimidated and the connection to resources that they may not have had access to otherwise (Hunt & Ellison, 2010).

As the shortage of nursing faculty and resources continues, peer mentoring may provide an appropriate resource to help lessen the burden on faculty. Harnessing this potential can benefit all parties involved. Instructors have more time to focus on other educational objectives, mentees still receive adequate instruction as well as additional guided practice from peers, and the mentors have increased confidence and leadership ability for future practice (Dennison, 2010).

Research

More research is needed on this topic. As the healthcare system begins to change and more complex patients enter healthcare systems, the effect on nursing education may change. Ongoing research is needed both to provide a more accurate image of how mentoring effects

nursing education and retention as well as how the current changes will change the dynamic

between mentors and mentees.

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